SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

**Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Address to send permit \_



Permit #:	18-0489
Date:	12-4-18
Amount Paid:	\$150 11-27-18
Refund:	

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Authorized Agent: (Pe	arson Signi	ng Applic	ation on hehalf	of Owner(s))			Agent Mailing Ac	Idress (include City/State	/Zip):		Written	Author	ization
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**Copy of Tax Statement** 

**Attach** 

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Show Location of:

**Proposed Construction** 

Show / Indicate:

North (N) on Plot Plan

(3) Show Location of (\*):

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

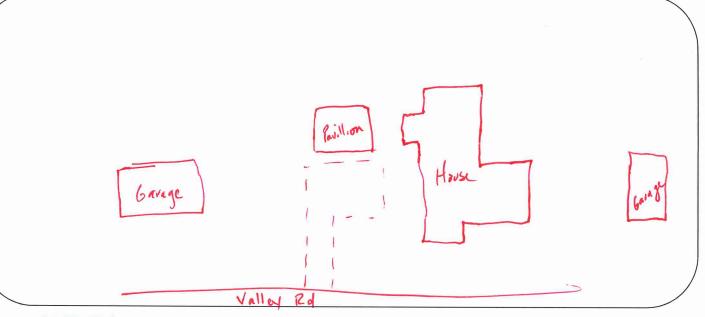
(4) Show: All Existing Structures on your Property

(5) Show: Show any (\*): (6)

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(7)Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)/

ges in plans must be approved by the Planning & Zoning Dept.

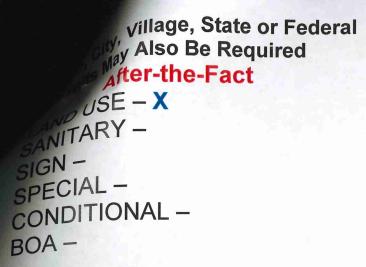
Description	Measurer	ment	Description	Measurement		
Setback from the <b>Centerline of Platted Road</b>	152	Feet	Setback from the <b>Lake</b> (ordinary high-water mark)	NA	Feet	
Setback from the Established Right-of-Way	119 Feet		Setback from the River, Stream, Creek	NA	Feet	
			Setback from the Bank or Bluff	Nen	Feet	
Setback from the <b>North</b> Lot Line	205	Feet				
Setback from the <b>South</b> Lot Line	175	Feet	Setback from Wetland	V	Feet	
Setback from the <b>West</b> Lot Line	860	Feet	20% Slope Area on the property	☐ Yes	□No	
Setback from the <b>East</b> Lot Line	125	Feet	Elevation of Floodplain		Feet	
Setback to Septic Tank or Holding Tank		Feet	Setback to Well		Feet	
Setback to <b>Drain Field</b>		Feet				
Setback to Privy (Portable, Composting)						

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 98798 # of bedrooms: 2			Sanitary Date: 11/a3/87
Permit Denied (Date):	Reason for Denial:			
Permit #: 18-0489	Permit Date: 12-4	1-18		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming    Yes   (Deed of Record   Yes   Yes	ous Lot(s)) No	Mitigation Required Mitigation Attached	☐ Yes X No ☐ Yes X No	Affidavit Required
Granted by Variance (B.O.A.)  ☐ Yes No Case #:		Previously Granted by  See No	/ Variance (B.O.A.)	±#:
	Pre-existing		es Represented by Owner Was Property Surveyed	Yes No
Inspection Record: Pre-existing, after-the	- fact gazebolp	william. Appea	is code confliant.	Zoning District ( A6 ( ) Lakes Classification ( — )
Date of Inspection: 12/3/18	Inspected by:	Noswood		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attac	hed? 🗆 Yes 🗆 No – (If I	No they need to be atta	ched.)	
must meet and main fain	Set backs.			
Signature of Inspector: Todd Norwood				Date of Approval: 12/3/18
Hold For Sanitary:  Hold For TBA:  Hold For TBA:	Hold For Affic	davit: 🗆	Hold For Fees: 🗌	



# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

18-0489 **Todd Bonney** Issued To: No. Par in **Bayfield** SE NE Location: 1/4 of Section **Township 50** Range 4 W. Town of CSM# **Block** Subdivision Gov't Lot Lot

For: Residential Accessory Structure: [ 1- Story; Pavilion (20' x 24') = 480 sq. ft. ]

(Disclaimer): Any future expansions or development would require additional permitting.

### Condition(s): Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

### **Todd Norwood**

Authorized Issuing Official

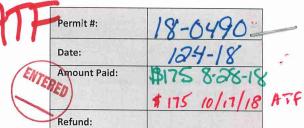
December 4, 2018

Date

## SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

# APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN





DO NOT START COM	ayable to: Bayfield NSTRUCTION UNTI	L ALL PERMITS	HAVE BEEN ISSUE	D TO AP	PLICANT.		FILL OL	JT IN IN	( (NO PE	NCIL)			
TYPE OF PERMIT	REQUESTED	► □ LAN	ND USE SA	ANITA	RY   PRIVY	CONDITION	AL USE SPECIA	L USE	□ B.O./	A. 🗆	OTHE	R	
Owner's Name:				Mai	ling Address:	City	//State/Zip:	,		Teleph			
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Address of Propert	y: /	1		City	/State/Zip:			Cell Ph	one:				
86643	VALLE	y Ko		Ve	SANF VECE			7					
Contractor:		•		Cont	tractor Phone:			Plumbe	er Phone	e:			
Authorized Agent:	(Person Signing App	lication on beha	Ilf of Owner(s))	Ager	nt Phone:	Agent Mailing A	ddress (include City/Stat	e/7in)•		\M/ritto	n Autho	rization	
Tons Lowner						Attache				iizatioii			
PROJECT					ID#	☐ Yes ☐ Recorded Document: (Showing							
LOCATION  Legal Description: (Use Tax Statement)					37528		2014 R			362			
SE 1/4,	NE 1/4	Gov't Lot	Lot(s)	CSM		4	(s) No. Block(s) No.	Subdi	vision:				
20		-			Town of:	354		Lot Si	70	Acre	200		
Section 39	, Township _	50 N, R	Range <u>4</u>	W	BATTER	eca		College - Albert College Co.	HCZ E		age		
		/							TICLE				
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☐ Shoreland —	,				nd or Flowage	Distance Stre	ucture is from Shorelin		Floodpla		?   F	resent?  Yes	
		,			yescontinue ->		acture is from shorein	feet		No		<b>≥</b> 9No	
Non-Shoreland					,	5.1	7						
						,		9					
Value at Time of Completion						# of	W	hat Tun	o of			Type of	
* include	Proje	ct	# of Stori	es	Foundation	bedrooms		hat Type of Sanitary Syster		m		Water	
donated time &						in		the pro				on	
material	☐ New Cons	truction	X 1-Story		Basement		Municipal/City			The said		property	
	☐ Addition//		1-Story	Loft	Foundation	□ 2	<ul><li>☐ Municipal/City</li><li>☐ (New) Sanitary</li></ul>		v Type:			□ City <b>W</b> Well	
French	☐ Conversion		2-Story	20.0		☐ 3 Sanitary (Exist			17	MOLE	wa	weii	
ZXISI ING	☐ Relocate (€	existing bldg)					Ited (min						
	☐ Run a Busi	ness on	on		Use	☐ None	☐ Portable (w/ser				·		
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If you recently purchased the property send your Recorded Deed

1 14/2

Fill Out in link - NO PENCIL

(1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan

(3) Show Location of (\*): (\*) Dr

f (\*): (\*) **Driveway** and (\*) **Frontage Road** (Name Frontage Road)

(4) Show: All Existing Structures on your Property

(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

Please complete (1) - (7) above (prior to continuing)

(8) **Setbacks:** (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement			Description	Measur	rement	
Setback from the <b>Centerline of Platted Road</b>	114	Feet		Setback from the <b>Lake</b> (ordinary high-water mark)	11 4	Feet	
Setback from the Established Right-of-Way	80 Feet			Setback from the River, Stream, Creek	NIA	Feet	
				Setback from the Bank or Bluff	1,1,,	Feet	
Setback from the <b>North</b> Lot Line	127	Feet					
Setback from the <b>South</b> Lot Line	206	Feet		Setback from Wetland	`	Feet	
Setback from the West Lot Line	823	Feet	-	20% Slope Area on the property	☐ Yes	□No	
Setback from the <b>East</b> Lot Line	80	Feet		Elevation of Floodplain		Feet	
Setback to Septic Tank or Holding Tank	50	Feet		Setback to Well		Feet	
Setback to <b>Drain Field</b>	300	Feet	- 1				
Setback to <b>Privy</b> (Portable, Composting)	7	Feet					

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 9	8798	# of bedrooms: 2	Sanitary Date:	11/28/87			
Permit Denied (Date):	Reason for Denial:							
Permit #: 18-0490	-18		TO ALETE					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming    Yes (Deed of Recor	ous Lot(s)) No	Mitigation Required Mitigation Attached	□ Yes Mo □ Yes No	Affidavit Required Affidavit Attached	☐ Yes No☐ Yes No			
Granted by Variance (B.O.A.)  ☐ Yes ☐ No Case #:	Previously Granted by  ☐ Yes No	/ Variance (B.O.A.)	e #:					
Was Parcel Legally Created Was Proposed Building Site Delineated  ✓ Yes □ No	Were Property Lines Represented by Owner  Was Property Surveyed  Yes  Yes							
	ed as Short te	rm rental. o	ok to issue.	Zoning District Lakes Classification				
Date of Inspection: 9/27/18	Inspected by:	Date of Re-Inspection:						
Condition(s): Town, Committee or Board Conditions Atta	ched?	No they need to be atta	ched.)					
Must have a Department of the Per Senitary permit and Flo	enth lianse p	rior to central	g. 6 person 1	Maximum occ	rpancy			
1 - serious y permit and +10	ws and loads	atticavit.						
Signature of Inspector: Notwood				Date of Approv	val: 10/23/18			
Hold For Sanitary:  Hold For TBA:	Hold For Affic	davit: 🗆	Hold For Fees: 🗌					

City, Village, State or Federal
May Also Be Required
After-the-Fact

LAND USE - X

SANITARY - 98798

SIGN 
SPECIAL - Class A

CONDITIONAL -

BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

18-0490 **Todd Bonney** Issued To: No. Par in Location: SE 50 Section **Township** Range 4 W. **Bayfield** Town of Gov't Lot Subdivision Lot Block CSM#

For: Residential Other: [1 - Unit; 1- Story; Short-term Rental]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must have a Department of Health license prior to renting. 6 person maximum occupancy per sanitary permit and flows and loads affidavit.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

#### **Todd Norwood**

**Authorized Issuing Official** 

December 4, 2018

Date